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Bib Data Sheet

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## APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/134,455 04/30/2002 PAT 6,747,019  
 which is a CON of 09/538,485 03/30/2000 ABN  
 which claims benefit of 60/126,970 03/30/1999

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

**\*\* 06/08/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR  COUNTRY CANADA	SHEETS  DRAWING 1	TOTAL  CLAIMS 10	INDEPENDENT  CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <u>BIB</u>	Initials		

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## TITLE

Low dose estrogen interrupted hormone replacement therapy

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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